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Dated: _____ Signature: _____

Docket No.: 325772014000
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Takenori IDEHARA

Application No.: 09/482,684

Art Unit: 2624

Filed: January 14, 2000

Examiner: Justin B. Foster

For: METHOD AND DEVICE FOR PROCESSING
IMAGE DATA

AMENDMENT UNDER 37 CFR 1.111

Customer Window, MS Non-Fee Amendment
U.S. Patent and Trademark Office
2011 South Clark Place
Crystal Plaza Two, Lobby, Room 1B03
Arlington, Virginia 22202

Dear Sir:

INTRODUCTORY COMMENTS

This is in response to the non-final Office Action dated October 24, 2003.
Reconsideration and allowance of the pending claims, as amended, in light of the remarks presented herein are respectfully requested.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

VA-51427

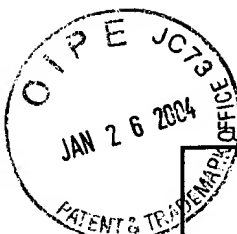
02/02/2004 TACKEE 00000001 031952 09482684
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JAN 28 2004

Technology Center 2600

2655



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

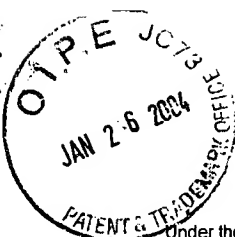
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/482,684
		Filing Date	January 14, 2000
		First Named Inventor	Takenori IDEHARA
		Art Unit	2655
		Examiner Name	J. Foster
Total Number of Pages in This Submission	14	Attorney Docket Number	325772014000

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<div style="text-align: right;"> <h2>RECEIVED</h2> <p>JAN 28 2004</p> <p>Technology Center 2600</p> </div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Deborah S. Gladstein - 43,636
Signature	<i>Deborah S. Gladstein</i>
Date	January 26, 2004



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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	09/482,684	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 14, 2000	
		First Named Inventor	Takenori IDEHARA	
		Examiner Name	J. Foster	
		Art Unit	2655	
TOTAL AMOUNT OF PAYMENT (\$)		258.00	Attorney Docket No.	325772014000

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																	
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP																																			
The Director is authorized to: (check all that apply)		Large Entity Small Entity																																	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description																																	
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1. BASIC FILING FEE																																			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																			
Total Claims 16 -20** = 0 x 0 = 0.00		Fee Description																																	
Independent Claims 8 -5** = 3 x 86.00 = 258.00																																			
Multiple Dependent		Fee Paid																																	
<table border="1" style="width:100%"><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><td>Fee Code</td><td>Fee Code</td><td></td><td></td></tr><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="2" style="text-align:right">SUBTOTAL (2)</td><td>(\$)</td><td>258.00</td></tr></table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code			1202 18	2202 9	Claims in excess of 20		1201 86	2201 43	Independent claims in excess of 3		1203 290	2203 145	Multiple dependent claim, if not paid		1204 86	2204 43	** Reissue independent claims over original patent		1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)		(\$)	258.00
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